

# Missouri

## UNIFORM APPLICATION

FY 2024/2025 Combined MHBGSUPTRS BG  
Application Behavioral Health Assessment and Plan  
SUBSTANCE ABUSE PREVENTION AND TREATMENT  
and  
COMMUNITY MENTAL HEALTH SERVICES  
BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026  
(generated on 09/23/2024 2.00.17 PM)

Center for Substance Abuse Prevention  
Division of Primary Prevention

Center for Substance Abuse Treatment  
Division of State and Community Systems (DSCS)

and

Center for Mental Health Services  
Division of State and Community Systems Development

## State Information

### State Information

#### Plan Year

Start Year 2025  
End Year 2026

#### State SUPTRS BG Unique Entity Identification

Unique Entity ID QLUAWH28TG83

#### I. State Agency to be the SUPTRS BG Grantee for the Block Grant

Agency Name Missouri Department of Mental Health  
Organizational Unit Division of Behavioral Health  
Mailing Address PO Box 687  
City Jefferson City  
Zip Code 65102-0687

#### II. Contact Person for the SUPTRS BG Grantee of the Block Grant

First Name Nora  
Last Name Bock  
Agency Name Missouri Department of Mental Health  
Mailing Address PO Box 687  
City Jefferson City  
Zip Code 65102-0687  
Telephone 573-751-9499  
Fax 573-751-7814  
Email Address nora.bock@dmh.mo.gov

#### State CMHS Unique Entity Identification

Unique Entity ID QLUAWH28TG83

#### I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name Missouri Department of Mental Health  
Organizational Unit Division of Behavioral Health  
Mailing Address P.O. Box 687  
City Jefferson City  
Zip Code 65102-0687

#### II. Contact Person for the CMHS Grantee of the Block Grant

First Name Nora  
Last Name Bock  
Agency Name Missouri Department of Mental Health  
Mailing Address P.O. Box 687  
City Jefferson City  
Zip Code 65101-0687  
Telephone 573-751-9499  
Fax  
Email Address nora.bock@dmh.mo.gov

#### III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? ☒ Yes ☐ No

First Name

Last Name  
Agency Name  
Mailing Address  
City  
Zip Code  
Telephone  
Fax  
Email Address

**IV. State Expenditure Period (Most recent State expenditure period that is closed out)**

From  
  
To

**V. Date Submitted**

Submission Date      8/28/2024 2:44:35 PM  
  
Revision Date          8/28/2024 2:44:47 PM

**VI. Contact Person Responsible for Application Submission**

First Name              Renee  
Last Name               Rothermich  
Telephone               573-522-8077  
Fax  
  
Email Address          Renee.Rothermich@dmh.mo.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SUPTRS]

Fiscal Year 2025

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administrations  
Funding Agreements  
as required by  
Substance Abuse Prevention and Treatment Block Grant Program  
as authorized by  
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
and  
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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov> [sam.gov]
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"



generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

#### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: \_\_\_\_\_

Name of Chief Executive Officer (CEO) or Designee: Valerie Huhn

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: Director

Date Signed: \_\_\_\_\_

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

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to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

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## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov> [sam.gov]
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The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
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Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"



generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

#### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Missouri

Name of Chief Executive Officer (CEO) or Designee: Valerie Huhn

Signature of CEO or Designee<sup>1</sup>: Valerie Huhn

Title: Director

Date Signed: 07/22/2024

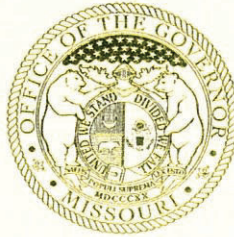
mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**

STATE CAPITOL  
201 W. CAPITOL AVENUE, ROOM 216  
JEFFERSON CITY, MISSOURI 65101



(573) 751-3222  
WWW.GOVERNOR.MO.GOV

*Michael L. Parson*

GOVERNOR  
STATE OF MISSOURI

July 31, 2018

Odessa F. Crocker  
Grants Management Officer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse Mental Health Services Administration  
5600 Fishers Lane, 17<sup>th</sup> Floor  
Rockville, Maryland 20850

Dear Ms. Crocker:

Please be advised that I have delegated signatory authority to the current Director of the Department of Mental Health, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the following Substance Abuse and Mental Health Services Administration (SAMHSA) grants and reports until such time as I may modify or rescind this designation:

- 1) Substance Abuse Prevention and Treatment Block Grant (SABG),
- 2) Community Mental Health Services Block Grant (MHBG),
- 3) Projects for Assistance in Transition from Homelessness (PATH) Grant, and the
- 4) Annual Synar Report.

Sincerely,

A handwritten signature in blue ink, which appears to read "Michael L. Parson", is written over a horizontal line.

Michael L. Parson,  
Governor

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2025

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administrations  
Funding Agreements  
as required by  
Community Mental Health Services Block Grant Program  
as authorized by  
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
and  
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57

Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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- b. Establishing an ongoing drug-free awareness program to inform employees about--
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  1. Abide by the terms of the statement; and
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The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)**

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### **5. Certification Regarding Environmental Tobacco Smoke**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

#### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
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The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Valerie Huhn

Signature of CEO or Designee<sup>1</sup>: \_\_\_\_\_

Title: Director

Date Signed: \_\_\_\_\_

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Please upload your state’s Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2025

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administrations  
Funding Agreements  
as required by  
Community Mental Health Services Block Grant Program  
as authorized by  
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act  
and  
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Section 1920	Early Serious Mental Illness	42 USC § 300x-9
Section 1920	Crisis Services	42 USC § 300x-9
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	Title	Chapter
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53
Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57

Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.



## LIST of CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov> [sam.gov]
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
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Name of Chief Executive Officer (CEO) or Designee: Valerie Huhn

Signature of CEO or Designee<sup>1</sup>: Valerie Huhn

Title: Director

Date Signed: 07/22/2024

mm/dd/yyyy

<sup>1</sup>If the agreement is signed by an authorized designee, a copy of the designation must be attached.

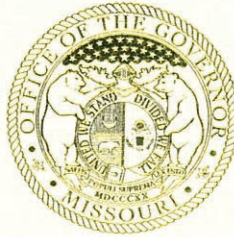
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OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

**Footnotes:**

STATE CAPITOL  
201 W. CAPITOL AVENUE, ROOM 216  
JEFFERSON CITY, MISSOURI 65101



(573) 751-3222  
WWW.GOVERNOR.MO.GOV

*Michael L. Parson*

GOVERNOR  
STATE OF MISSOURI

July 31, 2018

Odessa F. Crocker  
Grants Management Officer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse Mental Health Services Administration  
5600 Fishers Lane, 17<sup>th</sup> Floor  
Rockville, Maryland 20850

Dear Ms. Crocker:

Please be advised that I have delegated signatory authority to the current Director of the Department of Mental Health, or anyone officially acting in this role in the instance of a vacancy, for all transactions required to administer the following Substance Abuse and Mental Health Services Administration (SAMHSA) grants and reports until such time as I may modify or rescind this designation:

- 1) Substance Abuse Prevention and Treatment Block Grant (SABG),
- 2) Community Mental Health Services Block Grant (MHBG),
- 3) Projects for Assistance in Transition from Homelessness (PATH) Grant, and the
- 4) Annual Synar Report.

Sincerely,

A handwritten signature in blue ink, which appears to read "Michael L. Parson", is written over a horizontal line.

Michael L. Parson,  
Governor



MHBG BSCA Supplemental Funding Plan 2025  
Bipartisan Safer Communities Act (BSCA) (P.L. 117-159), 2022  
Intended start/end date: September 30, 2024 – September 29, 2026  
Amount: \$1,099,732

## Background

The Missouri Department of Mental Health (DMH) is made up of two major program divisions:

- Behavioral Health (DBH)
- Developmental Disabilities (DD)

DMH directly operates inpatient and habilitation facilities for BH and DD, respectively. DMH serves more than 170,000 Missourians with mental illness, developmental disabilities, and substance use disorders. It is a safety net for the state's most vulnerable citizens and their families. Approximately 99% of DMH's 170,000 consumers receive their services through local contracted community-based provider agencies. The DMH mission is:

- Prevention: Reduce the prevalence of mental disorders, developmental disabilities, and substance use disorders.
- Treatment: Operate, fund, and license or certify modern treatment and habilitation programs provided in the least restrictive environment.
- Improve Public Understanding: Improve public understanding and attitudes toward individuals with mental illness, developmental disabilities, and substance use disorders.

Community behavioral health services are delivered through the DMH network of contractual service providers. DBH establishes standards and requirements for delivery of community-based behavioral health services through contracts with its local community mental health centers (CMHCs)/certified community behavioral health organizations (CCBHOs) are designated as the lead agencies for all community-based psychiatric services, as authorized by state statute. Designated service areas by county assure statewide availability of services; allocated funding to the CMHCs/CCBHOs are contractually obligated to BH-designated target populations of:

- Adults with serious mental illnesses as specified by diagnosis and functional abilities;
- Children with serious emotional disturbances as specified by diagnosis and functional scales;
- Individuals with forensic commitments to DMH.

DMH is experienced in disaster response and is known as an innovator and leader in the field of disaster behavioral health. The Missouri Behavioral Health Council (MBHC) (<https://www.mobhc.org/>) is the provider association and represents these lead agencies utilized in response to disasters in Missouri. A map of CCBHOs by county can be found at <https://dmh.mo.gov/mental-illness/help/community-mental-health-centers>.

Despite Missouri's reputation for innovation, we do not have the programmatic, technological, human resources or fiscal support/infrastructure or funding to address disasters. Missouri is a fiscally sound and prudent state. Services for persons impacted by trauma, crisis and other disasters rely largely on federal funding and technical assistance. The already taxed public mental health system has no additional or predictable capacity to accommodate the unique community outreach model and challenging needs in our communities without additional assistance.

In addition, a school shooting occurred just two years ago in the St. Louis area, and the community is dealing with repetitive trauma from other events that continue to layer upon the taxed system. The St. Louis area remains one of the hardest hit from the pandemic and past disaster events to include flooding,

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the death of Michael Brown/Ferguson, the Coldwater Creek radioactive material, and the most recent school shooting.

We also know that behavioral health issues have been exacerbated during the pandemic, especially among young adults. In 2021, suicide was among the top 9 leading causes of death for people ages 10-64 and the second leading cause of death for people ages 10-14 and 20-34, according to the CDC. That same year, Missouri's suicide rate was 19.1 per 100,000 residents, with more than 1,174 Missourians dying by suicide. As the largest national suicide prevention service, the 988 Suicide & Crisis Lifeline offers in-the-moment crisis support for anyone experiencing a mental health, suicide, or substance use crisis.

### **Crisis Set Aside**

DMH, behavioral health providers, and community partners have been working diligently to establish a comprehensive "no-wrong-door" integrated crisis response system with the 988 at its core. According to data provided by Vibrant Emotional Health on 988 volume, Missouri 988 centers have answered 67,525 calls in State Fiscal Year 2024 (SFY24), which is July 2023 to June 2024. This represents an approximate 32% increase in call volume from SFY23. Missouri's average in-state call answer rate for SFY24 was 94%. The significant increase in volume highlights the growing demand for crisis services in Missouri. This underscores the need for expansion of behavioral health crisis services to ensure that Missouri's crisis response continues to meet the needs of individuals in crisis. By investing in the expansion of crisis services, Missouri will be well-positioned to further enhance access to timely and effective support to those reaching out, including those experiencing a suicide crisis.

### **Item to be funded:**

1.0 FTE Disaster and Crisis Response Liaison to coordinate crisis response and emergency preparedness plans and implementation. The FTE is shared by the Division of Behavioral Health and Office of Disaster Services (ODS). This temporary position is classified as a Senior Program Specialist with a working title of Disaster and Crisis Response Liaison with .5 FTE being responsible for the coordination of all items listed in the Disaster Services request. The individual works alongside the other ODS staff and reports to the Director of Disaster Services. In addition, this position works alongside crisis services staff within the DBH to coordinate and integrate crisis services within ODS. This position is co-supervised by the Director of Disaster Services and the DBH Crisis Services Coordinator. The Disaster and Crisis Response Liaison collaborates with crisis response and behavioral health providers to enhance the Behavioral Health Strike Team (BHST) and emergency preparedness plans to ensure providers have the capacity they need to respond to natural and human-caused disasters or other type of traumatic event. This would include the coordination of activities between DBH, DD, 988 centers, mobile crisis response providers, behavioral health providers, and other emergency response providers, including emergency managers. **\$112,980** (includes salary, fringe, indirect).

### **First Episode Psychosis Set Aside**

DMH sees the value in prioritizing early intervention for individuals experiencing their First Episode of Psychosis (FEP). Set aside funding will be used to contract for 1.0 FTE at MBHC to develop the workforce with an emphasis on first episode psychosis. By equipping the community behavioral health workforce with evidence-based practices for this population, DMH will promote enhanced clinical expertise embedded broadly within community based services, realize more positive life outcomes for individuals and families experiencing psychosis, and potentially demonstrate healthcare savings through reduced

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emergency room use and hospital admissions. Set Aside funding will also be used to support ongoing improvements within the community behavioral health workforce by providing select evidence-based training and/or evidence informed educational opportunities that highlight first episode care and the importance of early identification and intervention.

Additional funds will be used to build in-roads to develop workforce and generate interest with colleges and universities within Missouri. To help promote a connection to DMH contracted providers supporting individuals experiencing first episode psychosis, MBHC will use the funds to contract with consultant experts in the field and/or persons with lived experience to provide a virtual training for Missouri colleges and universities. This effort will provide information on Missouri's Early Psychosis Care Center, raise awareness about evidence-based practices supporting individuals experiencing first episode psychosis, and engage persons with lived experience to help promote understanding and interest for students pursuing employment opportunities within the mental health field.

### Items to be funded:

- FTE at MBHC to develop the workforce with an emphasis on First Episode Psychosis. **\$108,876**
- Virtual training for colleges and universities. **\$1,200**

**1. Describe any plans to utilize the BSCA supplemental funds to develop/enhance components of your state's mental health emergency preparedness and response plan that addresses behavioral health. Please include in your discussion how you plan to coordinate with other state and federal agencies to leverage crisis/mental health emergency related resources.**

DMH will collaborate with crisis contact centers (988 and local hotlines) and mobile crisis response providers to develop a statewide behavioral health crisis response and emergency preparedness plan to ensure crisis contact centers and crisis response providers have the capacity they need to respond to sudden and large spikes in call, text, or chat volume as well as spikes in mobile crisis response following a public service announcement, disaster, or other type of traumatic event. This will include coordinating with ODS and other emergency response providers, including 911/law enforcement.

The combination of exposure to trauma, demanding schedules, and physically challenging roles puts first responders at risk for mental health issues such as depression, post-traumatic stress, suicidal behaviors, and reduces their ability to respond effectively to those in the community who are in crisis. Missouri has recently passed legislation to assist first responders get mental health treatment and DMH has formed the following partnerships to provide first responder assistance:

- Missouri State Highway Patrol (MSHP)
  - Post Critical Incident Seminars (PCIS) – DMH has partnered with MSHP to conduct multiple PCIS sessions. PCIS targets first responders who experience a critical incident and is led by Critical Incident Stress Management (CISM) trained peer team members. PCIS is a three-day event and funding allows at least 35 first responders and their significant other to attend at no cost. The goal of PCIS is to provide interpersonal support, education, therapy, and resources to address trauma experienced by first responders.

### Item to be funded:

- Disaster and Crisis Response Liaison (previously described above) to coordinate crisis response and emergency preparedness plans and implementation. **\$112,980** (includes salary, fringe, indirect)



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- MSHP has dedicated funding to support two PCIS events per year, but there is always a waitlist of first responders for PCIS. Funds will be utilized to add two additional MSHP PCIS sessions. One PCIS session will serve active first responders and their spouses. A second PCIS session will focus on first responder retirees who experienced a critical incident during their first responder career. A small portion of funds (\$5,000 or less) will go to supplies for the PCIS event. \$40,000 per event.  
**\$80,000**

**2. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a state behavioral health team that coordinates, provides guidance, and gives direction in collaboration with state emergency management planners during a crisis.**

ODS continues to enhance the state disaster BHST that responds to critical events in the state. The intent and purpose of the BHST is to quickly deploy trained individuals from a CMHC/CCBHO or other behavioral health provider and the ODS and establish communications with the impacted region/county/city/facility to determine the level of trauma and develop a strategy to deliver psychological first aid to survivors and first responders.

ODS and the CMHC/CCBHO have spent the last couple years enhancing the concept of operations to allow for better response to citizens impacted by natural and human caused disasters and in the last six months shifted the workgroup to developing next steps needed in training, exercising, and sustaining along with recruitment efforts. We recognize that capacity building is needed outside of the CMHC/CCBHO staff so this coming year we will shift work towards capacity building. The BHST is an important part of the response in MO as it provides behavioral health support to survivors, responders, and other disaster workers. Additionally, the BHST works directly with other state agencies to coordinate other state or federal assistance, if and as needed.

During the pandemic, half of the BHST membership was lost due to retirement and attrition. Over the last grant period, we have been able to recruit to get new members and have added additional membership to the team. This continued funding enables work to continue on expanding the team through several avenues. The funding request would allow staff to continue to travel to conferences to present and exhibit on the BHST (to include conference and travel fees) and to create culturally appropriate promotional materials to explain what the BHST is, how to request it, and recruit new members.

As noted in other applications, the BHST has responded to several mass casualty events in Missouri. These include the Branson Duck Boat accident, an Amtrak train derailment, a school shooting in St. Louis, the Kansas City Chiefs Superbowl parade shooting to name a few. Through these deployments, DMH has found that localized and smaller responses is where the BHST is more successful. The larger scale events, like the school shooting, showed us that a larger number of BHST members are needed as it was a struggle to keep up with the demand on the behavioral health system. This funding will assist the state in enhancing the BHST's training and education in preparation to deploy for future events around the state through training with subject matter experts in suicide prevention, disaster behavioral health, and trauma from around the country.

In addition, in the past years, the state held a one-day summit to train BHST on various subjects. Last year, this funding allowed DMH ODS to expand this to be a more specialized training for BHST members by hosting the first two-day conference for the BHST members and allowed us to invite other staff who

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had interest in joining the BHST to recruit them. In addition, a pre-conference day was held to bring in members of the BHST to learn about taking care of themselves while doing this work. This funding year, we would like to continue to do the conference using a similar model with the hope of expanding to more team members and building capacity. During this training, DMH ODS will bring in subject matter experts to educate and prepare the BHST members on various types of responses like mass violence and other mass casualty events that may happen in the community as well as focusing on taking care of ourselves while doing this work. This will assist the BHST to be better prepared when something happens. At the end of the conference, we would host a third day that would include a full-scale exercise to test the BHST plans and offer an opportunity for team members to practice their skills, identify gaps in planning and improve processes.

In addition to the various efforts to train BHST and other providers on disaster-related topics, it is important that BHST members and other providers receive enhanced suicide prevention training for when they respond to behavioral health crises, mass casualties, and other events. Funding will be used to enhance training for crisis and behavioral health emergency responders as well as those working with youth on suicide prevention.

Additional information on the Missouri BHST can be found at: <https://dmh.mo.gov/disaster-services/behavioral-health-strike-team>. The FTE, Disaster and Crisis Response Liaison, will assist with coordinating DBH crisis services with the BHST.

### Items to be funded:

- Travel to conferences in MO to present and exhibit on the BHST. Development and delivery of promotional materials of varying types for the BHST to include brochures, videos, social media, and other promotional items. **\$20,000**
- Suicide Prevention Training for Crisis & Mental Health Emergency Providers. **\$15,000**
- Specialized training is required for the BHST members which includes NOVA (National Organization for Victims Assistance): the basic course, Incident Command, and Psychological First Aid. BHST members are required to take two annual trainings on various topics around trauma. This includes subject matter experts' trainings. Total request for 4 NOVA trainings (a mix of basic and advanced along with trauma informed care) for a total of **\$75,000**
- Development and launch of the second MO BHST disaster two-day conference (with full scale exercise on a third day). This will allow us to bring in subject matter experts, conference fees, lodging, meals, and speaker fees (to include travel expenses) for BHST and ODS members. **\$250,000**
- Expanding the online training courses for current and future BHST members on topics around trauma and disaster preparedness. These may include topics like emergency planning writing, how to include behavioral health in emergency plans, conducting exercises, what to expect when deploying, responder care. **\$50,000**

### 3. Describe any plans to utilize the BSCA supplemental funds to develop/enhance a multidisciplinary mobile crisis team that can be deployed 24/7, anywhere in the state rapidly to address any crisis.

DMH is currently enhancing the statewide mobile crisis response system. For crisis related disasters, the Disaster and Crisis Response Liaison, assists with coordinating DBH mobile crisis response services and facilitates state emergency response efforts to ensure timely and adequate response. DMH will also

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provide evidence-informed disaster/crisis debriefing training for emergency response providers including law enforcement, behavioral health providers and crisis centers.

**Item to be funded:**

- Disaster and Crisis Response Liaison (previously described) to coordinate crisis response and emergency preparedness plans and implementation. **\$112,980** (includes salary, fringe, indirect)

**4. Describe any plans to utilize the BSCA supplemental funds to develop/enhance crisis/mental health emergency services specifically for young adults, youth and children, or their families, including those with justice involvement and having SED/serious mental illness (SMI).**

DMH has explored the implementation of a youth/young adult specific mobile crisis response team pilot over the past year. DMH has determined that mobile crisis response services should be available and well-equipped to provide community-based crisis intervention to any Missourian regardless of age. DMH is, however, prioritizing additional training for mobile crisis response providers on responding to youth and young adults in crisis. In addition, DMH is enhancing crisis service promotion efforts to ensure all Missourians, including youth, young adults, and their families are aware of the services available throughout the state. This funding will assist in creating, purchasing, and distributing promotional materials to enhance public awareness and education of suicide prevention, behavioral health crisis, and mental health emergency services. The Disaster and Crisis Response Liaison will assist with the coordination of youth and young-adult focused initiatives and training, including the creation, promotion, and dissemination of the Suicide Prevention & 988 Guide for Missouri Schools as well as mobile crisis response training. The Disaster and Crisis Response Liaison will develop and disseminate suicide prevention, behavioral health crisis, and mental health emergency service promotional materials to increase awareness and provide information about available services and supports. The funding would also allow staff to travel in Missouri to conferences and events to present and exhibit on the services and initiatives to increase awareness.

**Item to be funded:**

- Travel and Promotion of Suicide Prevention, Behavioral Health Crisis, & Mental Health Emergency Services & Initiatives. **\$176,552**
- Disaster and Crisis Response Liaison to coordinate the development and dissemination of promotional materials regarding behavioral health and mental health emergency resources. **\$112,980** each year; includes salary, fringe, indirect.

**5. Describe any plans to utilize the BSCA supplemental funds to develop/enhance services provided to communities that are affected by trauma and mass shootings/school violence.**

The American Psychological Association (APA) indicates that the regularity of which the US is seeing mass shootings is impacting mental health; creating stress and “dulling compassion” that cause concern and demonstrate the need for change. Missouri had a school shooting on October 24, 2022, where the gunman had around 600 rounds of ammunition in the school. He was shot and killed by police inside the school. Before he was killed, he killed two people – a student and a teacher – and injured many others. In addition, on February 14, 2024, there was a parade shooting in Kansas City (Chiefs Superbowl parade) that killed one person and injured many including several children. In addition, MO is seeing more incidents around gun violence that we are being asked to deploy or provide some sort of response for including a shooting that happened at a graduation on May 23, 2024 in Cape Girardeau, MO.

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Two people were injured after two men allegedly got into an argument at a concession stand during the graduation.

An APA article shows that more kids are expressing they are afraid of what might happen at their school. Those concerns have been linked to elevated anxiety levels and fear. The stress is “embedded within the context of the pandemic, economic challenges, political polarization, climate-related disasters, and other factors...” This is seen as a “cascade of collective traumas.” It is known that for witnesses and survivors the suffering can be severe. Studies have shown that there are increases of mental health disorders and other conditions after a mass shooting. <https://www.apa.org/monitor/2022/09/news-mass-shootings-collective-traumas>

Recovery for individuals and communities from mass violence can take years and can have a very negative impact on communities. Taking into consideration the layers of trauma already embedded in our communities from natural disasters like flooding and tornados along with human-caused disasters of school shootings, gun violence, weapons/threats on campus, and what we continue to see from COVID, we know that additional resources are needed to support the community. In addition, we know from lessons learned around the country, that early intervention, providing disaster behavioral health services, can help to promote a positive recovery by promoting safety, calm, self-efficacy, social support and hope.

A lesson learned from other mass violence events, including the St. Louis school shooting, is the need for support in schools for planning for various crisis events before the event happens. Many schools bring in trainers for PREPaRE *after* a school shooting to work on recovery. For the last two years, the DMH ODS has partnered with Burrell Behavioral Health Center, who is the only behavioral health agency in MO to have trainers for the PREPaRE model, to bring this training to education communities across MO. This funding will allow us to bring additional PREPaRE trainings to areas in MO *before* tragedy strikes. <https://www.nasponline.org/professional-development/prepare-training-curriculum/about-prepare>

In addition, this funding will allow us to expand mass violence resources and TeachWell for educators across MO. TeachWell was developed in response to the St. Louis, MO school shooting. TeachWell was designed after 32 schools (outside of where the shooting happened) in the St Louis school district expressed an increase in need for support for their educators and students around wellness and mental health. In addition, we have had several schools around the state reach out for support after threats of mass violence have been made at their local schools. DMH ODS has worked with Learfield, a media and marketing agency, to develop and promote mass violence resources for educators and communities after mass violence events. This funding will allow DMH ODS to continue to address mass violence by developing, enhancing, and sharing digital and social content in affected areas and promoting help for affected Missourians including teenagers, young adults, parents, influencers, teachers and other educators, and first responders. In addition, Learfield is able to assist us by developing material that can be shared in communities around mass violence.

After the KC Chiefs parade shooting, the community expressed a need for additional training on Psychological First Aid and Skills for Psychological Recovery. The DMH ODS worked with the National Mass Violence Center (NMVC) and the National Center for PTSD to bring these trainings to the community with a focus on mass violence rather than only natural disasters. The DMH ODS has trainers for both PFA and SPR but not with a mass violence focus. This funding would allow us to bring in subject matter experts

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to provide a SPR and PFA train the trainer for DMH ODS and other BHST and CMHC members to become trainers with a mass violence focus.

DMH supports residents dealing with these incidents, acknowledging the normality of emotional distress such as anxiety and sleep troubles. A beacon of hope shines through the offer of free, confidential support via calls, texts, or chats to the crisis hotline 988, connecting individuals with trained counselors. Local resources stand ready to aid Missourians with counseling services and education. The plan comprises three goals: elevating help-seeking through 988 engagements, fostering professional education through trauma-informed videos, first responder educational series and TeachWell wellness for educators. DMH will direct individuals to valuable resources by boosting web traffic.

### Items to be funded:

- PREPaRE trainings to be offered to educational entities and behavioral health providers throughout MO. **\$12,000**
- TeachWell and Mass Violence campaign. **\$20,000**
- SPR Train the Trainer and PFA Train the Trainer with mass violence focus. **\$25,000**
- Content Hub for all projects developed to be utilized and promoted around the state. **\$12,000**

### 6. Describe any plans to utilize the BSCA supplemental funds to develop/enhance culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations.

The Disaster and Crisis Response Liaison is assisting with the development of culturally and linguistically tailored messaging to provide information about behavioral health in a crisis/mental health emergency and/or to identify culturally/linguistically appropriate supports for diverse populations. Over the past two years, DMH has collaborated with the Missouri Office of Refugee Administration, International Institute, and others to gather insight into what materials may be most useful in different languages and representative of different cultural considerations and accessibility or accommodation needs. Through a series of committee discussions, DMH has gathered feedback on the cultures and languages spoken by Missouri's high risk populations and is developing materials that reflect this information. Through these discussions, the need for funding to support these efforts was identified as information regarding other crisis response services is pertinent to share concurrently. This continued funding enables work to continue on enhancing access to behavioral health crisis services for all Missourians.

### Items to be funded:

- Disaster and Crisis Response Liaison to coordinate the development and dissemination of culturally/linguistically appropriate educational materials. **\$112,980** (includes salary, fringe, indirect)
- Develop and disseminate culturally/linguistically appropriate educational materials. **\$71,124**

### 7. What other mental health emergency/crisis behavioral health practices or activities does the state plan to develop or enhance using the BSCA supplemental funds?

The Victim Information Center (VIC) is a centralized location designated after a mass casualty event intended to support victim identification. At the VIC, family members can obtain information on the status of the event, provide identifying information about the victims, receive death notifications, and obtain



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emotional care and other supportive services. Behavioral health team members are assigned different duties depending on their licensed status within the VIC.

A VIC would be stood up at the direction of the Missouri State Emergency Management Agency (SEMA) following a disaster occurring in or impacting the state, resulting in multiple fatalities, injuries and/or missing persons. The VIC is coordinated by local, state, and federal response agencies including health, emergency management, and Coroner/Medical Examiners.

The VIC is a component of fatality operations and deployed when requested locally. VIC and morgue operations are coordinated through the Missouri Mortuary Operations Response Team (MO MORT-1), the state's fatality management team. ODS coordinates, facilitates and runs the behavioral health unit response in the VIC. Members of the VIC team are a part of the BHST and have specialized training for VIC operations that are not part of the BHST required trainings. Non-licensed behavioral health VIC team members staff the reception desk and serve as greeters. Licensed behavioral health professionals serve as members of the Care Teams. The Care Teams are made up of behavioral health professionals and chaplains trained to assist families in the bereavement process. A family going through the VIC will have the same Care Team throughout the process. The Care Team assists the MO State Highway Patrol (MSHP) with death notifications. The Care Team guides the family through the process including the interview and completion of the Victim Identification Profile (VIP) process, to death notification, answering any questions or concerns along the way.

This funding allows staff to be able to attend the state's full-scale exercises. In addition, one challenge has been getting all staff to attend full scale exercises due to staffing challenges. This funding would allow us to set up a mock exercise scenario and video record a training that can be used with those staff who are unable to attend in person when exercises happen. This would allow staff to have a better understanding of what deployment expectations are and what and how it would look.

**Items to be funded:**

- Full scale exercise of the VIC to include costs of exercise, hotels, staff fees, and travel expenses and development and recording of the full-scale exercise for all VIC and BHST members **\$70,000**

**8. Clearly describe the proposed/planned activities utilizing the funds for both FFY 2025 and FFY 2026 as two separate sections, including an estimated budget for each year. States will be required to report on what activities have been completed using this funding.**

**FFY 2025 (September 30, 2024 – September 29, 2026) Budget Breakdown**

Proposed Activities	Amount
<b>Treatment:</b>	
Travel and Promotion of BHST	\$20,000
PCIS	\$80,000
<b>TOTAL:</b>	<b>\$100,000</b>
<b>Prevention:</b>	
Development of culturally/linguistically appropriate educational materials	\$71,124

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TeachWell and Mass Violence	\$20,000
Travel and Promotion of Suicide Prevention, Behavioral Health Crisis, & Mental Health Emergency Services & Initiatives	\$176,552
<b>TOTAL:</b>	<b>\$267,676</b>
<b>Training:</b>	
VIC team training	\$70,000
Expansion of BHST Online Training Course	\$50,000
Training Content Hub	\$12,000
PREPaRE trainings	\$12,000
SPR Train the Trainer and PFA Train the Trainer	\$25,000
BHST Member Annual Trauma Training (NOVA)	\$75,000
MO BHST Disaster Conference	\$250,000
Suicide Prevention Training for Crisis & Mental Health Emergency Providers	\$15,000
<b>TOTAL:</b>	<b>\$509,000</b>
<b>Crisis Set Aside (5%):</b>	
Disaster and Crisis Response Liaison, 1.0 FTE	\$112,980
<b>TOTAL:</b>	<b>\$112,980</b>
<b>First Episode Psychosis Set Aside (10%):</b>	
MBHC Position (1.0 FTE) to develop workforce with emphasis on first episode psychosis.	\$108,876
Virtual Training for Colleges & Universities	\$1,200
<b>TOTAL:</b>	<b>\$110,076</b>
<b>Total:</b>	<b>\$1,099,732</b>

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)  
[Standard Form LLL \(click here\)](#)

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Name	<div>Valerie Huhn</div>
Title	<div>Director</div>
Organization	<div>Missouri Department of Mental Health</div>

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Signature:	Date:
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OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

<div>Footnotes:</div>
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Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024      Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG) <sup>a</sup>	I. COVID-19 Relief Funds (SUPTRS) <sup>a</sup>	J. ARP Funds (MHBG) <sup>b</sup>	K. BSCA Funds (MHBG) <sup>c</sup>
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention <sup>dd</sup>		\$0.00	\$0.00	\$0.00	\$140,935.78	\$0.00	\$0.00	\$0.00		\$729,835.42	\$246,164.63
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>ee</sup>		\$1,670,596.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$108,876.00
4. Other Psychiatric Inpatient Care											
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital			\$0.00	\$42,147,731.50	\$239,831,126.37	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
8. Other 24-Hour Care		\$0.00	\$0.00	\$1,880,632.64	\$6,403,871.41	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
9. Ambulatory/Community Non-24 Hour Care		\$13,364,770.40	\$560,426,359.07	\$79,410,822.89	\$106,908,343.47	\$0.00	\$0.00	\$0.00		\$966,509.93	\$391,013.10
10. Crisis Services (5 percent set-aside) <sup>ff</sup>		\$835,298.15	\$0.00	\$3,878,349.14	\$130,950.00	\$0.00	\$0.00	\$0.00		\$7,996,630.22	\$578,264.06
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately <sup>gf</sup>		\$835,298.15	\$0.00	\$776,783.39	\$1,243,479.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
12. Total	\$0.00	\$16,705,963.00	\$560,426,359.07	\$128,094,319.56	\$354,658,706.03	\$0.00	\$0.00	\$0.00	\$0.00	\$9,692,975.57	\$1,324,317.79

<sup>a</sup>The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>b</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>c</sup>The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025 (2nd increment) and the September 30, 2024 - September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>d</sup>While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

<sup>e</sup>Column 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

<sup>f</sup>Row 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

<sup>g</sup>Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

# Planning Tables

**Table 4 - SUPTRS BG Planned Expenditures**

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID- 19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President's Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024      Planning Period End Date: 9/30/2025

FFY 2024						FFY 2025		
Expenditure Category	FFY 2024 SUPTRS BG Award	COVID- 19 Award <sup>1</sup>	ARP Award <sup>2</sup>	FFY 2025 SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>		
1 . Substance Use Disorder Prevention and Treatment <sup>5</sup>	\$20,969,515.00	\$788,005.00	\$2,448,048.00	\$20,975,971.00	\$0.00	\$1,757,546.57		
2 . Substance Use Primary Prevention	\$5,805,204.00	\$435,720.00	\$1,595,469.00	\$5,806,926.00	\$0.00	\$2,101,368.79		
3 . Tuberculosis Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
4 . Early Intervention Services for HIV <sup>6</sup>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
5 . Recovery Support Services <sup>7</sup>	\$800,000.00	\$580,654.00	\$3,045,585.00	\$800,000.00	\$0.00	\$2,805,377.64		
6 . Administration (SSA Level Only)	\$1,451,301.00	\$0.00	\$0.00	\$1,451,731.00	\$0.00	\$0.00		
<b>7. Total</b>	<b>\$29,026,020.00</b>	<b>\$1,804,379.00</b>	<b>\$7,089,102.00</b>	<b>\$29,034,628.00</b>	<b>\$0.00</b>	<b>\$6,664,293.00</b>		

<sup>1</sup>The 24-month expenditure period for the COVID- 19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the

expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

<sup>3</sup>The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>4</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

<sup>5</sup>Prevention other than Primary Prevention

<sup>6</sup>For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SUPTRS BG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

<sup>7</sup>This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023  
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**Footnotes:**

FFY 2025 SA Block Award: Amount of primary prevention funds planned for primary prevention programs (this amount should match the total reported in Table 5a and Table 5b) \$4,975,123

FFY 2025 SA Block Award: Amount of primary prevention funds in Table 4, Line 2 that are planned for Prevention-SA resource development

(this amount should not include funds reported in Table 5a or Table 5b) \$831,803

ARP Award Total represents the amount the SSA plans to expend during the planning period, not the total ARP Award.

## Planning Tables

**Table 5a SUPTRS BG Primary Prevention Planned Expenditures**

Planning Period Start Date: 10/1/2024      Planning Period End Date: 9/30/2025

A		B			B		
Strategy	IOM Target	FFY 2024			FFY 2025		
		SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>	SUPTRS BG Award	COVID-19 Award <sup>4</sup>	ARP Award <sup>5</sup>
1. Information Dissemination	Universal	\$336,735	\$0	\$0	\$233,427	\$0	\$0
	Selected	\$51,535	\$0	\$0	\$60,074	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$388,270</b>	<b>\$0</b>	<b>\$0</b>	<b>\$293,501</b>	<b>\$0</b>	<b>\$0</b>
2. Education	Universal	\$615,417	\$0	\$75,000	\$559,786	\$0	\$70,315
	Selected	\$1,379,816	\$0	\$0	\$1,192,633	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$1,995,233</b>	<b>\$0</b>	<b>\$75,000</b>	<b>\$1,752,419</b>	<b>\$0</b>	<b>\$70,315</b>
3. Alternatives	Universal	\$10,908	\$0	\$0	\$7,068	\$0	\$0
	Selected	\$331,331	\$0	\$0	\$332,969	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$342,239</b>	<b>\$0</b>	<b>\$0</b>	<b>\$340,037</b>	<b>\$0</b>	<b>\$0</b>
4. Problem Identification and Referral	Universal	\$0	\$0	\$0	\$94	\$0	\$0
	Selected	\$0	\$0	\$0	\$160	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$254</b>	<b>\$0</b>	<b>\$0</b>

5. Community-Based Processes	Universal	\$1,547,621	\$435,720	\$1,520,469	\$1,771,072	\$0	\$2,031,054
	Selected	\$488,269	\$0	\$0	\$508,848	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$2,035,890</b>	<b>\$435,720</b>	<b>\$1,520,469</b>	<b>\$2,279,920</b>	<b>\$0</b>	<b>\$2,031,054</b>
6. Environmental	Universal	\$10,407	\$0	\$0	\$17,248	\$0	\$0
	Selected	\$5,764	\$0	\$0	\$10,228	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$16,171</b>	<b>\$0</b>	<b>\$0</b>	<b>\$27,476</b>	<b>\$0</b>	<b>\$0</b>
7. Section 1926 (Synar)-Tobacco	Universal	\$0	\$0	\$0	\$60,365	\$0	\$0
	Selected	\$0	\$0	\$0	\$12,419	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$72,784</b>	<b>\$0</b>	<b>\$0</b>
8. Other	Universal	\$120,494	\$0	\$0	\$92,924	\$0	\$0
	Selected	\$75,104	\$0	\$0	\$115,808	\$0	\$0
	Indicated	\$0	\$0	\$0	\$0	\$0	\$0
	Unspecified	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total</b>	<b>\$195,598</b>	<b>\$0</b>	<b>\$0</b>	<b>\$208,732</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Prevention Expenditures</b>		<b>\$4,973,401</b>	<b>\$435,720</b>	<b>\$1,595,469</b>	<b>\$4,975,123</b>	<b>\$0</b>	<b>\$2,101,369</b>
<b>Total SUPTRS BG Award<sup>3</sup></b>		<b>\$29,026,020</b>	<b>\$1,804,379</b>	<b>\$7,089,102</b>	<b>\$29,034,628</b>	<b>\$0</b>	<b>\$6,664,293</b>
<b>Planned Primary Prevention Percentage</b>		<b>17.13%</b>	<b>24.15%</b>	<b>22.51%</b>	<b>17.14%</b>		<b>31.53%</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

<sup>3</sup>Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

<sup>4</sup>The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>5</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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**Footnotes:**

## Planning Tables

**Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category**

Planning Period Start Date: 10/1/2024      Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID- 19 Award <sup>1</sup>	FFY 2024 ARP Award <sup>2</sup>	FFY 2025 SUPTRS BG Award	FFY 2025 COVID- 19 Award <sup>3</sup>	FFY 2025 ARP Award <sup>4</sup>
Universal Direct	\$2,559,469	\$435,720	\$1,595,469	\$2,741,984	\$0	\$2,101,369
Universal Indirect	\$82,113	\$0	\$0	\$0	\$0	\$0
Selected	\$2,331,819	\$0	\$0	\$2,233,139	\$0	\$0
Indicated	\$0	\$0	\$0	\$0	\$0	\$0
<b>Column Total</b>	<b>\$4,973,401</b>	<b>\$435,720</b>	<b>\$1,595,469</b>	<b>\$4,975,123</b>	<b>\$0</b>	<b>\$2,101,369</b>
<b>Total SUPTRS BG Award<sup>5</sup></b>	<b>\$29,026,020</b>	<b>\$1,804,379</b>	<b>\$7,089,102</b>	<b>\$29,034,628</b>	<b>\$0</b>	<b>\$6,664,293</b>
<b>Planned Primary Prevention Percentage</b>	<b>17.13%</b>	<b>24.15%</b>	<b>22.51%</b>	<b>17.14%</b>		<b>31.53%</b>

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

<sup>3</sup>The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>4</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

<sup>5</sup>Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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### Footnotes:



## Planning Tables

**Table 5c SUPTRS BG Planned Primary Prevention Targeted Priorities - Required**

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024      Planning Period End Date: 9/30/2025

	SUPTRS BG Award	COVID-19 Award <sup>1</sup>	ARP Award <sup>2</sup>
<b>Prioritized Substances</b>			
Alcohol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Prioritized Populations</b>			
Students in College	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQI+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons Experiencing Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<sup>1</sup>The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the “standard” SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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**Footnotes:**

Planning Tables

Table 6 Non-Direct-Services/System Development [SUPTRS]

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024      Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024				FFY 2025					
	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>	D. COVID-19 <sup>2</sup>	E. ARP <sup>3</sup>	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated <sup>1</sup>	D. COVID-19 <sup>4</sup>	E. ARP <sup>5</sup>
1. Information Systems	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$26,528.00	\$0.00	\$0.00	\$891,507.18	\$0.00	\$26,528.00	\$0.00	\$0.00	\$418,010.00
3. Partnerships, community outreach, and needs assessment	\$13,909.61	\$755,275.00	\$0.00	\$0.00	\$0.00	\$12,336.00	\$755,275.00	\$0.00	\$0.00	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Training and Education	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00
8. Total	\$13,909.61	\$831,803.00	\$0.00	\$0.00	\$891,507.18	\$12,336.00	\$831,803.00	\$0.00	\$0.00	\$418,010.00

<sup>1</sup>Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

<sup>2</sup>The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

<sup>3</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

<sup>4</sup>The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

<sup>5</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Footnotes:

## Planning Tables

**Table 6 Non-Direct-Services/System Development [MH]**

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 07/01/2024

MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024 <sup>1</sup> COVID Funds	FY 2024 <sup>2</sup> ARP Funds	FY 2024 <sup>3</sup> BSCA Funds	FY 2025 Block Grant	FY 2025 <sup>1</sup> COVID Funds	FY 2025 <sup>2</sup> ARP Funds	FY 2025 <sup>3</sup> BSCA Funds
1. Information Systems	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$0.00	\$1,642,927.46	\$5,000.00	\$15,750.00	\$0.00	\$7,846,456.25	\$12,252.62
3. Partnerships, community outreach, and needs assessment	\$0.00	\$0.00	\$70,562.46	\$0.00	\$210,000.00	\$0.00	\$47,761.14	\$26,615.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$524,120.00	\$221,856.00	\$0.00	\$0.00	\$150,173.97	\$249,332.20
6. Research and Evaluation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Training and Education	\$41,475.00	\$0.00	\$342,162.56	\$193,144.00	\$260,153.54	\$0.00	\$259,531.20	\$788,007.54
8. Total	\$41,475.00	\$0.00	\$2,579,772.48	\$420,000.00	\$485,903.54	\$0.00	\$8,303,922.56	\$1,076,207.36

<sup>1</sup> The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>2</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

<sup>3</sup> The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 - September 29, 2026** (3rd increment). For most states the planned expenditure period for FY2025 will be **July 1, 2024, through June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

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### Footnotes:

## Environmental Factors and Plan

### 15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

#### Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

*....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*

*CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*

- *Crisis call centers*
- *24/7 mobile crisis services*
- *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*

*STATE FLEXIBILITY: In lieu of expending 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed [Crisis Services: Meeting Needs, Saving Lives](#), which includes "[National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#)" as well as an [Advisory: Peer Support Services in Crisis Care](#) and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "[National Guidelines for Child and Youth Behavioral Health Crisis Care](#)" which offers best practices, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crisis receiving and stabilization centers.

Since its national launch in July of 2022, the 988 Suicide & Crisis Lifeline has been a critical resource in Missouri, offering rapid access to crisis services for individuals experiencing mental health, suicide, or substance use crises. The Missouri Department of Mental Health (DMH) Division of Behavioral Health (DBH), alongside behavioral health providers and community partners, has worked diligently to establish a comprehensive, integrated crisis response system, embodying the "no-wrong-door" approach to effective crisis care. This collective effort aims to prevent tragedies, save lives, and optimize resource utilization. Missouri's vision is to build a robust, evidence-based continuum of care, ensuring high-quality community-based crisis services statewide with the 988 at its core.

Missouri continues to innovate and serve as a leader in mental health services. Through programs such as Healthcare Home, Community Behavioral Health Liaisons (CBHL), Emergency Room Enhancement (ERE), Crisis Intervention Team (CIT), Access Crisis Intervention (ACI), and the national demonstration project Certified Community Behavioral Health Organizations (CCBHO), Missouri has significantly strengthened its crisis response infrastructure that serves anyone, anywhere, and anytime.

**Crisis Contact Centers:** Several of Missouri's behavioral health providers have historically participated in the National Suicide Prevention Lifeline Network (NSPL) and/or local crisis services through ACI. Through robust engagement between providers and DMH, Missouri's NSPL membership expanded from two to seven (six call centers and one text and chat center), effectively distributing the workload across the state and eliminating service gaps. ACI has historically served as the safety net for Missouri's crisis system and is increasingly being integrated with the 988 Suicide & Crisis Lifeline to streamline individuals in crisis to one easy-to-remember number, 988. Crisis specialists at these centers provide immediate support, stabilize and de-escalate crises, make referrals to ongoing care, and offer follow-up services.

**Mobile Crisis Response:** Missouri's mobile crisis response services are provided by CCBHO providers across the state, many of which also have CBHLs who work with law enforcement. By contacting 988 or a local ACI hotline, individuals in crisis can receive timely, in-the-moment crisis support if the crisis situation is not able to be resolved through the initial call, text, or chat. This service is available 24/7 statewide, and mobile crisis response services respond to wherever the individual is in crisis.

**Behavioral Health Crisis Centers:** To assist individuals in crisis and reduce the pressure on law enforcement to also be mental health professionals, Behavioral Health Crisis Centers (BHCC) are available to triage, assess, provide immediate care, and refer to community resources. Law enforcement, hospitals, and mobile crisis response providers have the ability to refer and direct individuals to proper assessment and treatment services, diverting from unnecessary jail and emergency room visits to a safe place where behavioral health staff can stabilize the current crisis. Nineteen BHCCs are serving individuals who need crisis stabilization services. Over 37,000 were served by BHCCs in FY24.

**Community Behavioral Health Liaisons:** The CBHL positions were launched in 2013 as part of the Strengthening Missouri's Mental Health Initiative. CBHLs are actively working in Community Behavioral Health Clinics (CCBHCs) across the state to assist law enforcement, jails and courts to link individuals with behavioral health needs to appropriate treatment.

**Emergency Room Enhancement:** The success of the ERE program is due to teamwork, partnership, and collaboration among multiple agencies, hospitals, law enforcement, outreach workers, case managers and researchers. This holistic, wrap-around care model improves the health and well-being of individuals in the program, while reducing ER visits.

**Crisis Intervention Team:** The CIT program is a partnership between law enforcement, behavioral health providers, hospitals, courts, individuals with lived experience and community partners who are dedicated to implementing the Missouri model of CIT. The goals of the CIT are to implement a training model for law enforcement, connect individuals in crisis to resources to avoid criminal justice involvement and/or unnecessary ER visits, and reduce stigma. CIT has a presence in 108 of the 114 counties in Missouri. CIT officers made over 13,000 referrals to CBHLs in FY24.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

- a) The **Exploration** stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.
- b) The **Installation** stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. This includes coordination, training and community outreach and education activities.
- c) **Initial Implementation** stage: occurs when the state has the three-core crisis services implemented and agencies begin to put into practice the SAMHSA guidelines.
- d) **Full Implementation** stage: occurs once staffing is complete, services are provided, and funding streams are in place.
- e) **Program Sustainability** stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.

Other program implementation data that characterizes crisis services system development.

- 1. Someone to talk to: Crisis Call Capacity
  - a. Number of locally based crisis call Centers in state
    - i. In the 988 Suicide and Crisis lifeline network
    - ii. Not in the suicide lifeline network
  - b. Number of Crisis Call Centers with follow up protocols in place
  - c. Percent of 911 calls that are coded as BH related
- 2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the total number of communities)
  - a. Independent of first responder structures (police, paramedic, fire)
  - b. Integrated with first responder structures (police, paramedic, fire)
  - c. Number that employs peers
- 3. Safe place to go or to be:
  - a. Number of Emergency Departments
  - b. Number of Emergency Departments that operate a specialized behavioral health component
  - c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
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Someone to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Someone to respond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Safe place to go or to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**b.** Briefly explain your stages of implementation selections here.

In accordance with the guidelines, the 988 Suicide & Crisis Lifeline has reached program sustainment. Over the past several years and prior to the national 988 launch, Missouri has expanded its National Suicide Prevention Lifeline membership from three to seven to ensure capacity for anticipated volume. These seven centers answer 988 calls, texts, and chats for Missouri. Three of seven 988 centers have historically offered ACI services, as mentioned above. There are 10 local ACI hotline phone numbers in Missouri that are operated by twenty-one ACI hotline providers across Missouri. ACI has historically served as the safety net for Missouri's crisis system and is increasingly being integrated with the 988 Suicide & Crisis Lifeline to streamline individuals in crisis to one easy-to-remember number, 988. The 988 crisis specialists at these seven centers provide immediate support, stabilize and de-escalate crises, make referrals to ongoing care, and offer follow-up services. Missouri is leading a 988 and Crisis Services Committee that is made up of behavioral health leaders and advocates who have come together to implement 988 into Missouri's larger behavioral health crisis system of care. Planning elements included meeting, maintaining, and improving capacity, obtaining and sustaining funding, and developing adequate infrastructure to achieve better outcomes for Missourians in crisis. With 988 highlighting the opportunity for expansion of crisis care in Missouri, 988 centers are expected to achieve operational, clinical, and performance consistency to ensure significant connection and continuity of care across the state.

Mobile crisis response services have also reached program sustainment. Over the past few years, Missouri has worked to enhance already existing mobile crisis response services to ensure services are truly community-based and trauma-informed. This structure is independent from a first responder structure that co-responds with police, fire, or other first responders; however, mobile crisis response staff will coordinate with first responders when their involvement is absolutely necessary for the safety of individuals involved. While some co-responder programs exist in Missouri, co-responder programs are not statewide or DMH funded. Historically Missouri's mobile crisis response services were not statewide and operated with inconsistent approaches and standards. In 2021, DMH in partnership with the Missouri Department of Social Services, received a planning grant for community-based mobile crisis response services. Over the past three years, Missouri has partnered with behavioral health crisis providers to establish core components and standards for true community-based mobile crisis response services. Mobile crisis response services are now operational 24/7 statewide. Peer involvement in mobile crisis response services is heavily encouraged by DMH. The number of communities with peers involved in mobile crisis response services is unknown, however, many providers utilize peers for this service when appropriate.

BHCCs in Missouri have reached the Program Sustainability Stage. In 2020, Missouri had only one BHCC. In FY22 over \$11 million was appropriated in state funding to establish at least one BHCC in each Missouri State Highway Patrol Troop to ensure regional access to the centers for law enforcement. At the onset, each behavioral health provider submitted an implementation plan, which included a timeline for opening. Numerous meetings were conducted with providers, community stakeholders, law enforcement, and policy makers to ensure the SAMHSA national guidelines were followed. The Missouri State Code of Regulations (CSR) for Behavioral Health Crisis Centers (9 CSR 30-7.010) became effective June 30, 2023. BHCC data collection began in January of 2021. There are now nineteen operational BHCCs. In FY24, there were 41,587 total referrals and 37,654 admissions to BHCCs. Six of the BHCCs also serve children/youth.

**3.** Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

Missouri is committed to developing a robust crisis response system that aligns with SAMHSA's National Guidelines for Behavioral Health Crisis Care. DMH has incorporated key components into its approach to ensure a comprehensive and effective crisis system. Central to Missouri's strategy is the availability of crisis services 24/7, ensuring that anyone in need can access immediate support at any time.

To maintain high standards of service delivery, Missouri emphasizes the importance of setting clear goals and benchmarks for crisis system providers. These metrics, driven by data and evidence, provide valuable insights into the timeliness and quality of services, allowing for continuous improvement. Additionally, the Missouri is committed to involving community members in the development of the crisis system infrastructure. By gathering perspectives on the awareness and perceptions of crisis services, Missouri ensures that the system is responsive to the needs of those it serves.

The use of evidence-based screening and assessment tools is another cornerstone of Missouri's approach, ensuring that individuals receive appropriate care tailored to their specific needs. To enhance service coordination and accessibility, the state is implementing software that allows providers and the community to easily locate available services.

Missouri's crisis system is designed to offer "no-wrong-door" access across all levels of care, including regional crisis contact centers, mobile crisis response services, and behavioral health crisis centers. This approach ensures that individuals can access the care they need, regardless of where they enter the system. Robust data collection efforts are in place to identify access issues, training needs, and gaps in services, enabling targeted improvements.

Standardized, evidence-based training is provided to all crisis service providers to ensure consistent, high-quality care across the state. Warm

transfers and follow-up procedures are also a priority, ensuring that individuals in crisis remain connected to the support they need throughout their recovery process.

Missouri is actively developing partnerships and collaborations to connect individuals to the right care for them, strengthening the overall network of crisis services. In response to workforce challenges, the state is updating staffing qualifications and incorporating Certified Peer Specialists into crisis service delivery, bringing valuable lived experience to the care continuum.

Finally, Missouri is dedicated to ensuring that crisis services are equitable and accessible to all populations across the state. The Missouri Department of Mental Health (DMH) aligns all crisis guidance documents and state regulations with SAMHSA's National Guidelines for Behavioral Health Crisis Care. While Behavioral Health Crisis Center regulations are already established, regulations for 988 contact centers and mobile crisis response services are currently under development. Missouri's crisis services not only meet minimum expectations but also strive to implement many of the best practices recommended in the guidelines.

**4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.**

The crisis services set aside will focus on the crisis care needs of individuals experiencing a behavioral health crisis. It will be used to support core crisis care service components such as "someone to talk to", "someone to respond" and/or "somewhere to go".

For FY25, the crisis services set aside will fund DeafLEAD, Missouri's statewide 988 text and chat center. Missouri experienced a substantial increase in 988 text volume in FY24 compared to FY23, and as awareness of 988 continues to grow, so does the demand for text services. The set-aside funds will be used to support DeafLEAD in handling the anticipated increase in volume, including hiring additional staff for high-volume hours.

Please indicate areas of technical assistance needed related to this section.

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**Footnotes:**



## Environmental Factors and Plan

### 21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder Block Grant Application- Required for MHBG

#### Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).<sup>1</sup>

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

<sup>1</sup><https://www.samhsa.gov/grants/block-grants/resources> [samhsa.gov]

#### Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

The SAC is provided up to date information on a regular basis at each meeting. Division updates are provided by the Division Director, Fiscal Management, and Children's Division on current issues, recommendations, and outcomes. Partners and stakeholders share and present information on programming and services specific to their behavioral health specialty areas. There is intentional opportunity for SAC members to meet in breakout sessions for the Mental Health Services (MHS) Committee and Substance Use Prevention and Recovery Committee (SUPR) in the afternoons in order to focus on their unique topics and issues.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

As of 2018, Missouri's two separate planning councils merged into one planning council with two subcommittees. The State Advisory Council on Alcohol and Drug Abuse (SAC-ADA) and State Advisory Council on Comprehensive Psychiatric Services (SAC-CPS) merged to become the Division of Behavioral Health State Advisory Council (SAC). The SAC consists of up to 32 members who have a professional, research, or personal interest in prevention, recovery, evaluation, treatment rehabilitation, and system of care for children/youth with serious emotional disturbance and persons affected by behavioral health disorders and their families. The SAC shall include service providers, consumers (recipients of services or family members of recipients), and other interested citizens. The SAC shall include representatives from non-government organizations or groups and state agencies concerned with the planning, operation, or use of behavioral health services; Individuals with mental health and/or substance use disorders who are receiving or have received behavioral health services and who are familiar with the need for such services; and family members of adults with mental health and/or substance use disorders or families of children with emotional disturbance. At least one member shall represent veterans and military affairs. At least one-half of the members of the SAC shall be recipients of behavioral health services or family members of recipients. No more than one-half of the members of SAC shall be providers as defined as an entity/service delivery system, which uses, purchases and/or coordinates with mental health, substance use, or developmental disabilities services provided by contracts with the Department of Mental Health. Representatives of state agencies responsible for mental health, education, vocation rehabilitation, criminal justice, housing, social services, and Medicaid are mandated. A membership term is for three years and a member may serve an additional three year term if nominated and approved by the SAC and appointed by the Division Director. The SAC shall recognize two standing committees, the Mental Health Disorders Committee and the Substance Use Disorders Committee. The purpose of these committees is to ensure adequate representation and focus on the issues unique to each committee. The co-chairpersons of these standing committees shall equally share the leadership of the full SAC. The mission of the SAC is to advise the Division of Behavioral Health in the development, funding, prevention, public understanding, and coordination of specialized services to meet the needs of Missourians with mental health and substance use disorders. In order to accomplish this mission the SAC shall collaborate with the DBH to develop and review the state plans for delivering behavioral health

services pursuant to Title 42, 300x-3(Federal statute) and CSR 631.020.8.; advise DBH in the development of models of services and long range planning and budgeting priorities; identify statewide needs and recommend what specific methods, means, and procedures should be adopted to improve and upgrade the behavioral health service delivery system for citizens of this state; provide education and information about mental health and substance use; monitor, evaluate, and review the allocation and adequacy of behavioral health services within the state; and provide oversight for suicide prevention activities.

3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? ☒ Yes ☐ No

4. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? ☒ Yes ☐ No

5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

The SAC provides a diverse perspective on the prevention, treatment, and recovery of substance use and mental health. SAC meetings include updates, presentations, and discussions from the Division of Behavioral Health (DBH) Director and representative and section heads from prevention, treatment, and fiscal units. In addition, the SAC receives regular briefings and feedback from the Missouri National Alliance on Mental Illness, Missouri Protection & Advocacy, Children's Services, and the Missouri Behavioral Health Council. The SAC also receives regular briefings from the Missouri Credentialing Board on matters pertaining to professional credentialing and workforce development. Additionally, the SAC serves as an advocate for adults with serious mental illness, children with severe emotional disturbance, and other individuals with mental illness or emotional problems. SAC advocacy activities include promoting Consumer/Family/Youth Conferences as well as Peer Specialist trainings and certifications. Through this process, consumers can learn to identify their strengths and personal resources, learn to make independent choices, and take a proactive role in their treatment and recovery. The SAC coordinates recommendations on behavioral health services, including recommendations for the State Suicide Prevention Plan. In addition to the regular briefings, the SAC has been audience to presentations from numerous experts in areas such as 988, Recovery High Schools, Self-Care & Wellness at Work, Opioid Settlements Funds, CCBHO Expansion, Developmental Disabilities Health Home, and Projects for Assistance in Transition from Homelessness (PATH). The SAC currently has two project committees which address special issues identified by the SAC or the DBH as topics relevant to the SAC purpose, authority or to the Behavioral Health delivery system. The Substance Use Prevention and Recovery Committee (SUPR) was instrumental in initiating a plan to use Opioid Settlement Funds to go to community grants for innovative programs that take non-traditional approaches to service delivery. The SUPR identified a gap in the funding for recovery and prevention programs. A formal proposal was created and submitted to the Division Director. This resulted in DBH support and approval of funding for services at 10 prevention and recovery providers. This funding will support recovery support services and prevention services that are innovative, impactful, and designed to address the current opioid crisis facing Missouri. Services that are funded must specifically target those impacted by the opioid crisis, with special attention made to the cities/counties in the state that are disproportionately affected by the opioid crisis. The Children and Family Sub-committee is focused on enhancing services for family members of children/youth. The Outcomes Committee is focused on current state-wide data for Dialectical Behavioral Therapy (DBT). Real Voices Real Choices is the annual consumer conference to educate, inform, and empower individuals in treatment and/recovery and their families. This conference developed from Missouri's Mental Health Transformation Grant, a SAMHSA-funded grant that ended in 2011. The 2024 conference will be held in-person in August. The SAC encourages and fosters the advancement of this annual event. The SAC endorses the Missouri's Mental Health Champions – an effort to recognize the accomplishments of individuals whose lives have been challenged by mental illness, substance use disorders, and/or developmental disabilities. The 2024 Mental Health Champion awards ceremony and banquet was held on May 7th at the Capitol Plaza Hotel in Jefferson City.

*Please indicate areas of technical assistance needed related to this section.*

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#### Footnotes:

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[www.dmh.mo.gov](http://www.dmh.mo.gov)

June 7, 2023

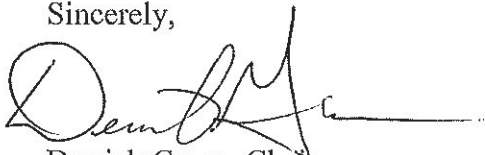
Grants Management Officer  
Office of Program Services, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Rd, Room 7-1091  
Rockville, MD 20850


Dear Grants Management Officer:

The State Advisory Council for the Missouri Department of Mental Health, Division of Behavioral Health (DBH), has reviewed the state's FY2024 – 2025 Behavioral Health Block Grant State Plan – which combines plans for both mental health and substance use disorders. The State Advisory Council is committed to working with the DBH to create a well-integrated system of care that implements evidence-based practices and incorporates a focus on recovery. The State Advisory Council had many months to develop, review, discuss, and make recommendations regarding the Behavioral Health Block Grant State Plan. The Council met June 7, 2023, and voted to approve Missouri's final State Plan, written under our guidance.

We will continue to work with the DBH monitoring the implementation of the State Plan. We appreciate our involvement in the Block Grant planning development. We would like to express appreciation to SAMHSA for making these funds available.

Sincerely,

  
Derrick Green, Chair  
State Advisory Council

  
Emily Stuckey, Vice Chair  
State Advisory Council

## Environmental Factors and Plan

### Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency  
 State Vocational Rehabilitation Agency  
 State Criminal Justice Agency  
 State Housing Agency  
 State Social Services Agency  
 State Health (MH) Agency.  
 State Medicaid Agency

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Jenny Armbruster	Providers		9355 Olive Blvd St Louis MO, 63132	jarmbruster@prevented.org
Darla Belflower	Persons in recovery from or providing treatment for or advocating for SUD services		12204 E 40th Street S Independence MO, 64052	d.belflower@yahoo.com
Cathi Bornhop	Parents of children with SED		2761 Providence Ridge Drive Wentzville MO, 63385	cathib212@icloud.com
Cher Caudel	Providers		200 East Main St California MO, 65108	moniteaucopa@gmail.com
Robin Cole	Persons in recovery from or providing treatment for or advocating for SUD services		3618 Indiana Ave St Louis MO, 63118	Cole.Robin4@gmail.com
Kristin Davis	State Employees	Missouri Department of Health and Senior Services	912 Wildwood Drive Jefferson City MO, 65109	Kristin.Davis@health.mo.gov
Lisa Dierking	State Employees	Missouri DESE	205 Jefferson Street Jefferson City MO, 65101	Lisa.Dierking@dese.mo.gov
Bryant Fogelbach	Persons in recovery from or providing treatment for or advocating for SUD services		2638 Highway 109 Wildwood MO, 63040	semperfi602@gmail.com
Stacey Gilkey	Parents of children with SED		5318 Cottage Ave Kansas City MO, 64133	sgilkey@compasshn.org
Lora Green	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		233 E Washington Street Marshfield MO, 65706	lgreen@webstercohealth.com
Megan Hall	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1622 Polk Street Chillicothe MO, 64601	MJHALL1991@outlook.com
Carl Harbison	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		PO Box 343 Piedmont MO, 63957	Carlharbison72@gmail.com

Heather Harlan	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2200 W Rollins Rd Columbia MO, 65203	Heather.Harlan@como.gov
Christa Harmon	Family Members of Individuals in Recovery (to include family members of adults with SMI)		PO Box 116 Sullivan MO, 63080	mrsmooch73@gmail.com
Amber Harris	Persons in recovery from or providing treatment for or advocating for SUD services		3945 Canterbury Drive St Louis MO,	aharris@rjmstl.org
Cameo Jones	Providers		719 Stonewood Bend Lake St Louis MO,	cjones@livsoberliving.com
Kelli Kemna	State Employees	Missouri Department of Mental Health	1706 E Elm Street Jefferson City MO, 65101	Kelli.Kemna@dmh.mo.gov
Tamara Kenny	Providers		925 S Country Club Dr Jefferson City MO, 65109	tamara.kenny@mo-pa.org
John Killian	Providers		415 East 12th Street Kansas City MO, 64106	Jkillian@jacksongov.org
Shane Laswell	Persons in recovery from or providing treatment for or advocating for SUD services		8023 Oakfield Drive O'Fallon MO, 63368	shane.laswell@reclaiminghope-mo.org
Annie Lorenz	State Employees	Missouri DESE - Vocational Rehabilitation	1500 Southridge Drive Jefferson City MO, 65109	Annie.Lorenz@vr.dese.mo.gov
Lisa Martin	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1718 Sylvan Drive Poplar Bluff MO, 63901	lisamartin@mohigh.org
Eric Martin	State Employees	Missouri Department of Social Services	615 Howerton Jefferson City MO, 65109	eric.d.martin@dss.mo.gov
Michael Melion	State Employees	Missouri Department of Corrections	2715 Plaza Drive Jefferson City MO, 65109	Michael.Melion@doc.mo.gov
Bobbi Jo Reed	Persons in recovery from or providing treatment for or advocating for SUD services		4505 St John Ave Kansas City MO, 64123	reedbobbijo@gmail.com
Mockia Shelton	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2000 Gerlad Park Lane St Louis MO, 63042	Mockias1@gmail.com
Casey Spartz	Providers		1730 Prospect Ave Kansas City MO, 64127	CSpartz@heartlandcbc.org
Amber Stockreef	State Employees	Missouri Department of Mental Health	1706 E Elm Street Jefferson City MO, 65101	Amber.Stockreef@dmh.mo.gov
Amye Trefethen	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2114 Millbrook Ct Jefferson City MO, 65101	amy@namimissouri.org

\*Council members should be listed only once by type of membership and Agency/organization represented.

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**Footnotes:**

## Environmental Factors and Plan

### Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	3	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	5	
Parents of children with SED	2	
Vacancies (individual & family members)	3	
Others (Advocates who are not State employees or providers)	0	
<b>Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others</b>	<b>13</b>	<b>50.00%</b>
State Employees	7	
Providers	6	
Vacancies	0	
<b>Total State Employees &amp; Providers</b>	<b>13</b>	<b>50.00%</b>
Individuals/Family Members from Diverse Racial and Ethnic Populations	7	
Individuals/Family Members from LGBTQI+ Populations	6	
Persons in recovery from or providing treatment for or advocating for SUD services	6	
Representatives from Federally Recognized Tribes	0	
Youth/adolescent representative (or member from an organization serving young people)	0	
<b>Total Membership (Should count all members of the council)</b>	<b>45</b>	

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#### Footnotes:

The State Advisory Council to the Missouri Department of Mental Health is an integrated advisory council includes representatives not only with personal and/or familial experience with mental illness but also of personal and/or familial experience with substance use disorders. The integration of these two councils was completed several years ago with the assistance of SAMHSA. The members of the council that are reported at the bottom of this page as "Persons in recovery from or providing treatment for or advocating for SUD services" are full members of the State Advisory Council in the same manner that those listed as "Total Individuals in Recovery, Family Members & Others" are members of the State Advisory Council. Their perspective, experiences and input are valued in the same manner as those representing SMI/SED. The "Total Membership (should count all members of the council)" as was automatically calculated in the table above is inaccurate. Missouri's Advisory Council has 29 current members and 3 vacancies for a total of 32 positions in the Council. The total listed above of 45 is inaccurate as it is counting the individuals/family members from Diverse Racial and Ethnic populations and Individuals/family members from LGBTQI+



populations which are not additional members but identifying numbers out of the 32 members of the council.

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

[Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. § 300x-51\)](#) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?
- a) Public meetings or hearings?

☒ Yes ☐ No
- b) Posting of the plan on the web for public comment?

☒ Yes ☐ No
- If yes, provide URL:

https://dmh.mo.gov/behavioral-health/block-grant

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

https://dmh.mo.gov/behavioral-health/block-grant
- c) Other (e.g. public service announcements, print media)

☐ Yes ☒ No
- Please indicate areas of technical assistance needed related to this section.

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Footnotes:

## Environmental Factors and Plan

### 23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

#### Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) restriction<sup>1,2</sup> on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the [Consolidated Appropriations Act, 2018](#) (P.L. 115-141) signed by President Trump on March 23, 2018<sup>3</sup>.

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SUPTRS BG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SUPTRS BG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SUPTRS BG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SUPTRS BG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers<sup>4</sup>. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs<sup>5</sup>: These documents can be found on the Hiv.gov website: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>,

1. [\*\*Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016\*\*](#) from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy <https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf> ,
2. [\*\*Centers for Disease Control and Prevention \(CDC \)Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016\*\*](#) The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention <http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf>,
3. [\*\*The Substance Abuse and Mental Health Services Administration \(SAMHSA\)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs\*\*](#) <http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf> ,

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

## End Notes

<sup>1</sup> Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SUPTRS BG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SUPTRS BG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SUPTRS BG funds **only** and is consistent with guidance issued by SAMHSA.

<sup>2</sup> Section 1931(a)(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C. § 300x-31(a)(1)(F)) and 45 CFR § 96.135(a) (6) explicitly prohibits the use of SUPTRS BG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the [Federal Register](#) (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

<sup>3</sup> Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

<sup>4</sup> Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SUPTRS BG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set-aside SUPTRS BG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

<sup>5</sup> ***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a [description of the elements of an SSP](#) that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV

and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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**Footnotes:**

As of September 20, 2019, Missouri has a determination of need in place. Missouri does not fund a Syringe Services Program with SABG funds.

Environmental Factors and Plan

Syringe Services Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024    Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

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Footnotes:

As of September 20, 2019, Missouri has a determination of need in place. Missouri does not fund a Syringe Services Program with SABG funds.